

ATTACHMENT 2

Generic Standard for Line Employees Who Execute Safety Responsibilities

Instructions for Use: Attach this form to existing performance plans as applicable. If used, this element is intended to replace existing safety performance elements.

Employee Name:	Performance Rating Cycle: 10/1/07 – 9/30/08
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Element	Expectations
Element/Summary Statement: Eliminate workplace accidents, injuries, illnesses, unplanned releases to the environment and strengthen regulatory enforcement actions.	<p>Implements functional plan(s) to improve contractor health and safety performance.</p> <p>Ensures appropriate performance measures and goals are established and are effectively utilized to monitor contractor health and safety performance in accordance with Department Policy 450.7 and contract provisions, respectively.</p> <p>For assigned functions, ensures adequate performance data is collected and analyzed to identify deficiencies and weak safety performance areas before the occurrence of serious mishaps.</p> <p>For assigned functions, ensures health and safety performance is systematically evaluated against established goals and appropriate actions are taken in a timely manner to address negative trends and significant performance deficiencies. Corrective actions are completed in accordance with approved schedules and organizational safety strategies to prevent recurrences.</p> <p>Ensures processes have been established and effectively implemented to assure contractor staff understand their health and safety responsibilities and are held accountable for compliance and effective performance of health and safety expectations.</p> <p>Promptly identifies and investigates unsafe or unhealthy working conditions.</p>

Acknowledgement of Performance Element: I understand that my signature on this individual element indicates only that I have reviewed the element. I understand that failure to sign this performance element does not affect its validity.

Rating Official's Name (Typed or Printed)	Rating Official's Signature:	Date:
Employee's Name (Typed or Printed)	Employee's Signature:	Date: